

# GOVERNOR'S OFFICE FOR CHILDREN, YOUTH AND FAMILIES



## ANNUAL REPORT FY 2004

ROBERT L. EHRLICH, JR.  
Governor

MICHAEL S. STEELE  
Lieutenant Governor

M. TERESA GARLAND  
Special Secretary

State of Maryland Executive Department  
**GOVERNOR'S OFFICE FOR CHILDREN, YOUTH AND FAMILIES**

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Lieutenant Governor



M. TERESA GARLAND  
Special Secretary

November 2004

Dear Governor Ehrlich and the Citizens of Maryland:

It is my pleasure to submit to you our FY 2004 Annual Report. The Governor's Office for Children, Youth and Families (GOCYF) experienced a number of exciting changes throughout the last fiscal year. This report offers an overview of the office structure, a summary of each GOCYF Team's activities, and highlights of significant accomplishments during FY 2004.

After a thoughtful restructuring of the office at the end of FY 2003, GOCYF began FY 2004 with a 27% reduction in staff, allowing for a more streamlined office and better interaction between teams. During FY 2004, GOCYF staff trained more than five thousand professionals, youth, and families through conferences, trainings, and technical assistance; made over 500 site visits to 23 juvenile justice facilities across the state; provided support to all 24 Local Management Boards; and developed more efficient data collection and tracking systems. Each of these examples demonstrates the strength and vibrancy of GOCYF's impact within Maryland's communities.

One of our stellar achievements during FY 2004 was chairing and staffing the Council on Parental Relinquishment of Custody to Obtain Health Care, which Governor Ehrlich established with his second executive order. The charge of this Council was to identify alternatives to the practice of requiring parents to relinquish the custody of their children, who have significant and complex mental health needs and/or developmental disabilities, in order to access needed services. The final report to the Governor was submitted in September 2003 and the implementation of the recommendations is underway.

Again, it is with great pride that I present to you GOCYF's FY 2004 Annual Report detailing our challenging and rewarding year. I look forward to GOCYF continuing to work with the State's child and family serving agencies, as well as other public and private organizations. Together, I am confident we will make a difference for all of Maryland's citizens.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Teresa Garland". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

M. Teresa Garland  
Special Secretary

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## OFFICE OF THE SPECIAL SECRETARY & THE OPERATIONS TEAM

The Office of the Special Secretary (OSS) and the Operations Team (OPS) exist to support the efforts of the *Community Collaboration; Monitoring; Policies, Initiatives, and Councils*; and *Research, Evaluation, and Data Collection* teams within GOCYF.

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Under the leadership of the Special Secretary, OSS provides the executive functions necessary to administer the critical activities of the Governor's Office for Children, Youth and Families (GOCYF) and the Subcabinet for Children, Youth and Families (Subcabinet). These functions include leading and facilitating the Subcabinet's efforts to integrate services; promoting initiatives and accomplishments through publications, the website, and media relations; monitoring, coordinating, and tracking child serving legislation; drafting regulations and ensuring legal compliance; and serving on local and statewide committees.

OSS also provides executive oversight for the following goals that appear in the Strategic Planning Summary for GOCYF and the Subcabinet:

- Goal 1:** Develop and implement an interagency data collection system to improve planning and delivery of services critical to the health, safety and well being of children and families statewide.
- Goal 2:** Ensure safety and effectiveness of local and state programs and services for children and families through independent monitoring and evaluation, resulting in program improvement.
- Goal 3:** Lead interagency policy formulation that promotes stable, safe and healthy environments for children and families.
- Goal 4:** Identify and deliver interagency and interdisciplinary training, education and public outreach essential to the health and well being of children and families.
- Goal 5:** Improve fiscal efficiency and accountability across state and local agencies that serve children and families.
- Goal 6:** Increase the capacity of communities to meet the critical needs of their own children and families.
- Goal 7:** Maximize prevention, early intervention and community-based services across agencies that reduce the reliance on costly, institutional services.

Managing the operations of GOCYF falls under the leadership of the Deputy Special Secretary. The Operations Team (OPS) is the support system for the agency. It is responsible for providing the operational functions needed for all programs and activities within GOCYF. Within OPS, the Finance and Procurement unit is responsible for processing all financial transactions for each program, preparing and maintaining each program's budget, and performing the purchases of all

of the products and services needed for each program within GOCYF. The Human Resources unit is responsible for maintaining all personnel records and ensuring daily personnel efficiency. OPS is also responsible for coordinating and implementing all professional trainings and conferences. During FY 2004, staff trained approximately 5,000 professionals, youth and families.

OPS works to ensure that all:

- financial transactions processed are accurate;
- funds are used efficiently and in accordance with all applicable laws and regulations;
- state funds are properly used for purchases and that all products and services acquired adequately meet the needs of the agency;
- procurement rules and regulations are properly followed and met in accordance with State law;
- training and conference are professionally and efficiently planned and implemented;
- personnel are efficiently managed; and
- personnel documents are securely maintained.

## COMMUNITY COLLABORATION TEAM

The Community Collaboration team is the largest of the five teams at GOCYF. Its activities focus on the interface between the Subcabinet, GOCYF and the twenty-four jurisdictions. Four work groups operate within this team, including: Local Management Boards, Case Coordination for Children Awaiting Discharge (“Lisa L”), State Coordinating Council/Local Coordinating Councils, and Resource Development.

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### LOCAL MANAGEMENT BOARDS

#### Overview

Community Partnerships, formerly known as System Reform, began over a decade ago in an effort to change the way services are provided to children and families in their communities. Local Management Boards (LMBs) identify priorities and target resources for a jurisdiction’s communities. The major focus is to increase local authority to plan, implement, and monitor children and family services.

LMBs serve as the coordinator of collaboration for child and family services. They bring together local child-serving agencies, local child providers, clients of services, and other community representatives to empower local stakeholders in addressing the needs of and setting priorities for their communities. There is an LMB in each county and in Baltimore City.

LMBs originate from Article 49D/Annotated Code of Maryland, which requires that each jurisdiction create an LMB. They receive funding from the Subcabinet. A Community Partnership Agreement (CPA) is established after an LMB conducts a community needs assessment, negotiates with the State, and makes a long-term commitment to produce improved outcomes in the State’s eight result areas for child and family well-being. *See the GOCYF website for a list of results.*

LMBs are on track in all of Maryland’s 24 jurisdictions, engineering changes in their communities that will result in a better quality of life for children and families. To date, LMBs have:

- led the way in returning and diverting children from out-of-state placements;
- created interagency services for children at-risk of out-of-home placements;
- increased linkages between public and private agencies serving children and families, and
- served as the coordinating body for many community level grants and initiatives such as, School-Based Health Centers, C-Safe, Youth Strategies Initiative, and Healthy Families.

*See the GOCYF website for additional information on Local Management Boards.*

GOCYF is charged with managing LMB agreements and providing targeted training and technical assistance in capacity building, resource development, program implementation and

fiscal accountability. GOCYF also works closely with the LMBs as they transition to a Community Partnership Agreement.

### **Partnerships**

Every LMB has members from both the private sector and public agencies. Some members are mandated: local government, school system, health department, social services, mental health, and juvenile justice. Other members are selected based on community concerns and the knowledge and skills they bring to the table. Membership on each LMB may include up to 49% representation from the private sector.

The LMBs, working with other local child serving agencies, assisted Georgetown University in cataloging local services and supports that promote the social and emotional well being of all children in Maryland, gaps in services, and ongoing training and professional development. The information was compiled by Georgetown University and an extensive early childhood mental health “capacity assessment” was released by the University in October 2003. This assessment will be used to leverage additional needed resources to support local efforts surrounding early childhood mental health.

### **Capacity Building**

In FY 2004, three GOCYF LMB Specialists were assigned to work with specific LMBs to be their primary GOCYF contact and to enhance their capacity and performance through individualized and flexible technical assistance both on-site and in regional training sessions. In addition to the provision of the flexible training and technical assistance, the LMB Specialists managed 24 community partnership agreements, totaling \$51.8 million of funding distributed locally. Statewide training and technical assistance sessions were provided on:

- **Early Childhood Mental Health (November 2003):** GOCYF participated in the Early Childhood Mental Health steering committee chaired by the Department of Health and Mental Hygiene and the Maryland State Department of Education, which conducted four regional training sessions on current research and best practices surrounding early childhood mental health. LMBs were invited to assemble a team of local participants who are active in the field to attend. At each regional session the local teams began a strategic planning process that is continuing at the local level.
- **Legislative Process Training (November 2003):** GOCYF hosted a Technical Assistance (TA) session to develop increased competency among LMBs on knowledge of and opportunities to inform the state legislative and budgetary processes. During this session and throughout the 2003 legislative session the following objectives were met:
  - (1) LMBs acquired the skills and tools needed to communicate effectively with legislators, legislative staff and other local elected officials.
  - (2) LMBs were given the tools to become key contacts for providing information and resources to legislators, legislative staff and their constituencies.

(3) Awareness and appreciation among decision makers at all levels were be fostered regarding the positive contribution of the LMBs in the well being of children, youth and families on the local level.

- **Evaluation and Data Collection (November 2003):** GOCYF provided training on the effective completion of a data collection survey to evaluate after school programming.
- **Contract Renegotiation Training (December 2003):** In preparation for the upcoming renewal of several Community Partnership Agreements, GOCYF provided training on the following CPA requirements: developing a comprehensive needs assessment, developing a five-year strategic plan, selecting local priorities, identifying strategies to target major results, and redirecting resources in preparation for negotiations with State and local partners.
- **1386 Implementation Training (January and February 2004):** In partnership with the Department of Human Resources, GOCYF provided four regional trainings on the implementation of the Voluntary Placement Agreement legislation (SB 458) and the 1386 State Plan to Improve Outcomes for Children at Risk of Custody Relinquishment and Children with Intensive Needs.
- **Policies and Procedures (April 2004):** GOCYF developed and implemented improved policies and procedures for the following key locally administered services: After School, Home Visiting, Interagency Family Preservation, and Youth Service Bureaus. The office also provided four regional technical assistance sessions on the Interagency Family Preservation policies and procedures.
- **Needs Assessment Technical Assistance (June 2004):** GOCYF provided a technical assistance session on the best practices for completion of a comprehensive needs assessment to support the ten LMBs who are scheduled to complete a statewide Adolescent Pregnancy Needs Assessment.
- **Community Partnership Agreements:** Four regional technical assistance sessions (April-May 2004) were held on contract requirements including performance measures and budget sufficiency.
- **On-going Technical Assistance:** GOCYF, through the LMB Specialists, provide on-going technical assistance in programmatic and financial reporting. The Specialists work closely with the LMB Monitors to provide an integrated approach to Interagency monitoring through the pre-monitoring visit, remediation process, and provision of technical assistance.

## **Public Awareness**

During the 2003 legislative session, Community Collaborations staff prepared extensive briefing materials on LMBs for distribution to legislators and arranged individual visits for each LMB with their legislative representatives. Community Collaborations hosted a “Legislative Day” in Annapolis on November 4, 2003 for LMB staff and LMB board members. As part of this day, legislators were invited to a luncheon where a panel of LMB members presented the role and accomplishments of the LMBs to date. In addition, GOCYF facilitated statewide recognition of



the LMB efforts through publications such as the annual *Local Management Board Profiles* (available on the GOCYF website) and the Maryland Results book.

### Alternative Resource Coordinator

In response to a decrease in funding for local services, GOCYF created a new staff position that is dedicated to accessing additional funds. Under the direction of the Subcabinet Partnership Team, the *Alternative Resource Coordinator* identifies federal and foundation funds that have not been tapped by the State of Maryland. As one of its initial efforts to access additional funds, GOCYF, in partnership with the Family League of Baltimore City, secured funding for a one-year planning grant to develop a Single Point of Access in Baltimore City for children and youth with intensive needs. GOCYF and the Family League have been invited to submit a proposal for a 5-year follow up grant, which would support implementation of the plan being developed.

LMBs receive funding from the State to build and improve the capacity of service providers in better meeting the needs of children and families. These funds are combined at the State level from the different child serving agencies and distributed to LMBs allowing greater flexibility to respond to local needs. Nevertheless, supplementary funding is required. In the past, LMBs throughout the state leveraged federal, local, and foundation dollars in the amount of \$43,128,681.00. Several LMBs are exploring the feasibility of establishing a 501(c)(3) “arm”, in order to pursue funding sources.

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### CASE COORDINATION SERVICES FOR CHILDREN AWAITING DISCHARGE (“LISA L”)

In 1987, a federal lawsuit (*Lisa L. et al v. Sabatini*) was filed on behalf of children committed to State custody who remained in psychiatric hospital placements beyond their clinically determined discharge dates. Under the 1993 consent decree that resolved this case, the State was required to adopt regulations to facilitate timely and successful discharge of these children to appropriate placements. Case coordination functions grew out of the requirements of the Code of Maryland Regulations (COMAR) .01.04.03. 01-05.

Located at GOCYF, the Case Service Coordinator is responsible for tracking and coordinating interagency efforts to achieve the timely and appropriate placement of children in State custody who are in designated psychiatric hospitals. The Case Service Coordinator both chairs and staffs the Multi-Agency Review Team (a committee of senior officials from the Department of Health and Mental Hygiene, Department of Human

### Local Management Board FY 2004 Chairs

*Allegany:* **Dr. Richard Paulman**,  
Department of Social  
Services  
*Anne Arundel:* **Victor Sulin**,  
Private Citizen  
*Baltimore City:* **Andy Freeman**,  
Esq., Private Citizen  
*Baltimore County:* **Dr. Michelle  
Gourdine**, Baltimore County  
Health Department  
*Calvert:* **Dana Jones**, Southern  
Maryland Tri-County  
Community Action  
Committee, Inc.  
*Caroline:* **Jane R. Conlin**,  
Department of Social  
Services  
*Carroll:* **Dorothy Stoltz**, Carroll  
County Public Library  
*Cecil:* **Eva Addis**, Private Citizen  
*Charles:* **Judith Rudolf**,  
Department of Social  
Services  
*Dorchester:* **Tim Hayes**,  
Department of Juvenile  
Services  
*Frederick:* **Maria Whittemore**,  
Frederick County Public  
Schools  
*Garrett:* **Earl Clark**, Private  
Citizen  
*Harford:* **Stan Kotula**, Key Point  
Health Services  
*Howard:* **Gary Arthur**,  
Department of Recreation  
and Parks  
*Kent:* **Judie Berry**, Department  
of Parks and Recreation  
*Montgomery:* **Arva Jackson**,  
Private Citizen  
*Prince George's:* **Maralita Freeny**,  
Department of Family  
Services  
*Queen Anne's:* **Wayne  
Humphries**, Internal Money  
Management Group  
*St. Mary's:* **Gwendoline  
Bankins**, Private Citizen  
*Somerset:* **Patricia Mannion**,  
Department of Social  
Services  
*Talbot:* **Kathleen Foster**, Talbot  
County Health Department  
*Washington:* **Jenny Belliotti**,  
Private Citizen  
*Worcester:* **Robin Travers**, Core  
Service Agency

Resources, Maryland State Department of Education and the Department of Juvenile Services). The Multi-Agency Review Team (MART) meets every two weeks to review discharge plans and tracking forms for each hospitalized child who is ready for discharge and whose tracking form indicates possible difficulty in obtaining an appropriate placement. The team assists local agency workers in identifying solutions.

### *Highlights and Achievements*

- ◀ ***Tracking of hospitalized children in State custody:*** As of December 2003, data was collected on 454 psychiatric hospitalizations of children in State custody. Between January 2004 and June 2004, GOCYF received and maintained data (in the previous tracking system) on over 350 psychiatric hospitalizations of children in State custody admitted to 11 State and private psychiatric hospitals in Maryland. It is anticipated that at the end of the 2004 calendar year, GOCYF would have tracked twice the number of children that were tracked in the calendar year 2003. This demonstrates an improved tracking process. The MART met every two weeks to review data on hospitalized children with anticipated disposition problems and worked with hospitals and workers at the local level to facilitate the timely and successful discharge of these children from psychiatric hospitals.
- ◀ ***Interagency collaboration:*** The MART has developed partnerships with hospitals and local workers from the various child-serving agencies. These partnerships have been essential in facilitating interagency collaboration for children with intensive needs.
- ◀ ***Development of an automated system:*** In fiscal year 2003, through the efforts of GOCYF and the support of the Subcabinet agencies, the State allocated funding and selected a vendor for the development of the Psychiatric Hospitalization Tracking System for Youth. In June 2004, the automated tracking system (the Psychiatric Hospitalization Tracking System for Youth) was deployed. The system will facilitate timely communication with hospital staff on regulatory changes that affect this population. The system also includes a monitoring tool that promotes accountability from all users and facilitates timely tracking of hospitalized children. This system is linked to other modules of the Subcabinet for Children, Youth and Families Information System (SCYFIS) enabling authorized users to track children who have received other services such as family preservation services or services from the Local Coordinating Council. In addition, the system allows GOCYF staff to obtain information on and analyze data on children who have experienced multiple hospitalizations. It is anticipated that this system will address some of the problems associated with duplication of services to this population and result in a more targeted service delivery process.
- ◀ ***Training and technical assistance:*** Since January 2004, the MART has held two regional trainings for representatives of the psychiatric hospitals and State agencies providing clinical and discharge planning services to this population. The training provided an opportunity for dissemination of information on the regulations governing discharge planning for adolescents in State custody admitted to psychiatric hospitals and on changes in resources allocation that may impact this population. The trainings fostered awareness of the resources available for previously hospitalized adolescents with intensive needs and

provided a forum for representatives of the various child-serving agencies to discuss some of the perceived barriers to interagency collaboration.

- ◀ **Gate-keeping:** The MART continues to be the Single Point of Entry for all admissions to Residential Treatment Centers operated exclusively for previously hospitalized adolescents in State custody under COMAR 01.04.03. The Case Service Coordinator is the liaison between the MART and personnel of the Residential Treatment Centers, facilitating the placement of children with intensive needs into these Residential Treatment Centers. In addition, the MART continues to collaborate with clinical and program personnel at these programs to facilitate the appropriate placement of the most challenging segments of this population.
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## STATE COORDINATING COUNCIL/LOCAL COORDINATING COUNCILS

The State Coordinating Council for Residential Placement of Disabled Children (SCC) and the Local Coordinating Councils (LCCs) were established in the 1980's as a result of the State's long-standing concern for children who are placed in residential treatment. The SCC is comprised of Cabinet-level Secretaries of Maryland's child-serving agencies, or their designees. The LCCs include local representatives from each of the child-serving agencies and may also include a parent from the community and a member of a local parent-advocacy group. The goals of the SCC and LCCs are to:

- combine the resources of various agencies to improve services to these children;
- foster the development of resources necessary to serve children with special needs in Maryland;
- promote interagency coordination in the provision of services;
- ensure that State funds for the residential placement of children with special needs are allocated in accordance with Article 49D (Annotated Code of Maryland), House Bill 1386 (2003 session), and other relevant State and federal laws;
- develop interagency plans-of-care for children to assure placement in the least restrictive environment appropriate; and
- recommend and facilitate the development of new and enhanced community-based programs to serve children with disabilities who might otherwise remain in restrictive placements that are geographically distant from their families and communities.

### Multi-Agency Review Team FY 2004 Members

**Jack Altfather**, Department of Human Resources  
**Marcia Andersen**, Mental Hygiene Administration, Department of Health & Mental Hygiene  
**Brenda Bridge**, Maryland State Department of Education  
**Musu Fofana** (Chair and Staff), Governor's Office for Children, Youth and Families  
**Leslie McMillan**, Developmental Disabilities Administration, Department of Health and Mental Hygiene  
**Shannon McRae**, Department of Human Resources  
**Alexander Obeahon**, Department of Juvenile Services  
**Mary Louise Orth**, Department of Juvenile Services  
**Joan Smith**, Mental Hygiene Administration, Department of Health and Mental Hygiene

### *Highlights and Achievements*

- ◀ **Training and technical assistance (TA):** Statewide trainings are conducted on an as needed basis for Local Coordinating Councils and State Agency Partners (1386 Plan/ Voluntary Placement Agreement). The LCC Specialists have conducted comprehensive regional trainings this year for the Local Coordinating Councils. There has been an increase in the number of jurisdictions who are accessing Community Services Initiative (CSI) funding due to the regional trainings and additional responsive technical assistance on effective use of CSI services. The ongoing regional trainings, provided three times a year, offer the opportunity to foster a positive relationship with the chairperson and support staff of the LCCs as well as clarify issues before they develop into problems.
- ◀ **House Bill 1386:** A statewide training was collaboratively conducted by GOCYF and the Department of Human Resources (DHR). The training highlighted the 1386 State and Local Plans and DHR's Voluntary Placement Agreement (VPA).
- ◀ **Dispute resolution process:** Training was provided for all Local Coordinating Council members on the new dispute resolution pilot. Training for the mediators who will participate in the pilot project will take place in the fall of 2004.
- ◀ **Out-of State placement:** The maintenance number of children and youth in Out-of-State placement was below 150 for the 3<sup>rd</sup> year in a row.
- ◀ **CSI funding:** A streamlining and clarification of application process was implemented for the Community Services Initiative (CSI) Funding.

The Program Review Committee (PRC) approves funding for out-of-state residential placements recommended by the LCCs and provides oversight and technical assistance to LCCs in order to ensure their compliance to Article 49D and HB 1386 (2003 session).

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## RESOURCE DEVELOPMENT

GOCYF coordinates interagency collaboration to identify, assess, and develop resources to meet the needs of Maryland's children and youth, providing a statewide focus. This is done through the Single Point of Entry process and the Resource Development and Licensing Committee (RDLC). GOCYF manages the Single Point of Entry process and staffs the RDLC.

### **State Coordinating Council FY 2004 Members**

**Carol Ann Baglin**, Maryland  
State Department Of  
Education  
**JoAnn Goedert**, (Counsel, non-  
voting), Attorney General's  
Office  
**Cynthia L. Mather**, Governor's  
Office For Children, Youth,  
and Families  
**Christine Cox**, Department of  
Disabilities  
**Elizabeth Seale** (Chair),  
Department Of Human  
Resources  
**Arlene Stephenson**, Department  
of Health & Mental Hygiene  
**Denise Sulzbach**, Department Of

### **Program Review Committee FY 2004 Members**

**Jack Altfather** (Lisa L.  
Coordinator), Department of  
Human Resources  
**Marcia Andersen**, Mental  
Hygiene Administration,  
Department of Health and  
Mental Hygiene  
**Linda Bluth**, Maryland State  
Department of Education  
**Colleen Gauruder**,  
Developmental Disabilities  
Administration, Department  
of Health and Mental Hygiene  
**Kitty Nelson** (Chair and Staff),  
Governor's Office for  
Children, Youth and Families  
**Mary Louise Orth & Vanessa  
Hatten**, Department of  
Juvenile Services

## Single Point of Entry

The Governor's Office for Children, Youth and Families serves as a single point of entry for prospective providers who wish to establish residential child care programs, and current providers who wish to expand existing residential child care programs. Through this process GOCYF coordinates the licensing process for residential child care programs for Maryland state child-serving agencies.

As the single point of entry, GOCYF:

- provides information to persons interested in operating a residential child care program on the licensing, rate setting, contracting and purchase of bed processes;
- accepts proposals from persons interested in developing a residential child care program;
- serves as the point of registration for established providers interested in expanding their residential child care programs;
- coordinates the review of proposals and requests for registration among the agencies; and
- designates a licensing agency to process each completed proposal or request for registration received by the office.

The single point of entry process acts as the “gatekeeper” to an efficient and effective mechanism for licensing residential childcare facilities. This process assures that qualified providers and sound programs are identified and presented to the licensing agencies. Additionally, GOCYF disseminates agency program monitoring schedules and information concerning sanctions or corrective actions imposed on a residential childcare program. This information is shared between agencies that license or contract with a program, and other agencies that may place or otherwise serve a child in that program.

### *Highlights and Achievements*

- ◀ **Training** for potential group home providers was offered to approximately 300 persons in 2004.
- ◀ **The Single Point of Entry** received approximately 100 new and revised proposals in 2004.
- ◀ **Due to intense technical assistance** to prospective providers, approximately 20% of proposals received were forwarded to the appropriate agencies for licensure.

## Resource Development and Licensing Committee

The Resource Development and Licensing Committee (RDLC) is a standing committee of the Subcabinet for Children, Youth and Families. This collaborative interagency committee consists of Subcabinet partners and representatives from the private sector. RDLC is responsible for providing a coordinated approach to the development and implementation of licensing and monitoring policy for community-based homes, and resource development. The committee also supports the Single Point of Entry project through consultation from child-serving agencies that license group homes.

In 2002, GOCYF and the Subcabinet requested an assessment of resources for a specific subset of special needs children—those for whom

out-of-home residential placement is recommended and for whom a diagnosis has been made from three general areas: developmental disabilities, medically fragile, and/or emotionally disturbed. The assessment was to gauge the current level of resources and patterns of resource utilization to determine whether they are adequate to appropriately serve Maryland special needs children in the least restrictive environment. Facilities for residential placement include residential treatment centers (RTCs), therapeutic group homes, community-based mental health programs, after-care services, and respite programs.

An RFP was issued for the assessment and responders were requested to evaluate the following: the availability of current resources along a continuum of care; undue delays in the placement and discharge of children into and out of residential facilities and residential treatment centers, and obstacles to the appropriate utilization of current resources.

REDA International, Inc. was awarded a contract from the Subcabinet in early 2003 to conduct this assessment. The final report was submitted during the Summer 2004. This report will present the results of the evaluation, including the types of services available, the service delivery system as a whole, and any reported gaps in services and/or resources.

## Resource Development and Licensing Committee FY 2004 Members

**Linda Bluth, Ed.D.**, Maryland State Department of Education  
**Nancy Boone**, Maryland State Department of Education  
**Deborah Cooper**, Office of Health Care Quality, Department of Health and Mental Hygiene  
**Bill Dorrill**, Office of Health Care Quality, Department of Health and Mental Hygiene  
**Arla Ely**, Family League of Baltimore City  
**JoAnn Goedert**, Attorney General's Office, Governor's Office for Children, Youth and Families  
**Juanita Hoyle**, Department of Juvenile Services  
**Bill Lee**, Social Services Administration, Department of Human Resources  
**Cynthia L. Mather**, Governor's Office for Children, Youth and Families  
**James McComb**, Maryland Association of Resources for Families and Youth  
**Clare McNiff**, Maryland State Department of Education  
**Steven Sorin**, Maryland State Department of Education  
**Shelley Tinney**, Maryland Association of Resources for Families and Youth  
**Bill Towey**, Maryland Association of Nonpublic Special Education Facilities  
**Grace Turner**, Social Services Administration, Department of Human Resources  
**Beverly Ursic**, Maryland Association of Nonpublic Special Education Facilities  
**Gwen Winston**, Developmental Disabilities Administration, Department of Health and Mental Hygiene  
**Pocahontas Wilkinson**, Social Services Administration, Department of Human Resources  
**Al Zachik, MD**, Mental Hygiene Admin., Department of Health and Mental Hygiene (Chair)

## **MONITORING TEAM**

The Monitoring Team is responsible for the monitoring of the LMBs as well as reviewing and reporting on Department of Juvenile Services residential programs across Maryland. The Monitoring Team is comprised of two sub-teams to carry out these mandates: The Subcabinet Interagency Monitoring Team and The Office of the Independent Juvenile Justice Monitor.

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### **SUBCABINET INTERAGENCY MONITORING TEAM**

Consistent with the statutory charge of the Subcabinet and the related duties delegated to GOCYF, this team, consisting of GOCYF program and fiscal staff and assisted by staff from other Subcabinet agencies, conducts interagency monitoring site visits of LMBs as their primary function. The Subcabinet Interagency Monitoring Team (IMT) determines LMB compliance in meeting contract requirements as specified in their Community Partnership Agreements and vendor contracts; reviews compliance with appropriate federal, State and local regulations and policy manual requirements; reviews the expenditure of allocated Subcabinet funds; examines LMB program and fiscal monitoring protocol in reference to their vendors providing services to children and families; and assesses the technical assistance needs of the LMBs.

During FY 2004, the IMT conducted 13 monitoring site visits in the following jurisdictions: St. Mary's County, Frederick County, Baltimore City, Queen Anne's County, Howard County, Baltimore County, Cecil County, Anne Arundel County, Caroline County, Garrett County, Calvert County, Montgomery County, and Prince George's County. For these site visits, the IMT also conducted pre-monitoring meetings with the LMBs in preparation for the site visit and formal exit conferences where the draft interagency monitoring report was reviewed and discussed by the participants.

In addition, the IMT collaborated with the Community Collaboration Team and fiscal staff members in the development of a special project for a statewide review and evaluation of LMB coordinated Interagency Family Preservation (IFP) services. This involved the development and evaluation of a statewide LMB survey to gather information on IFP service models, staffing, and compliance with pre-competency training. This review also included on site review and evaluation of IFP structure and service in eight of the 24 jurisdictions. LMBs and their providers participated in both phases of this project.

IMT staff also participated in a workgroup convened when the Subcabinet and GOCYF were charged with completing an assessment of the adequacy of current State support to existing Youth Services Bureaus (YSBs), identifying areas in the State that are not currently served by a local YSB, and identifying a plan to expand the service capacity of existing YSBs as well as to expand the statewide network of YSBs. This assessment involved the development and evaluation of a YSB survey to gather information on the services provided, staffing, funding and organizational structure of YSBs. A separate survey of all 24 LMBs was sent to ascertain existing community providers, other than YSBs, who serve the same target population and/or provide similar services. This review also included a site visit to five YSBs serving eight Maryland jurisdictions to review questionnaire responses and to query staff regarding unmet

needs and jurisdictional and organizational idiosyncrasies. Subcabinet agency staff, LMBs, and YSBs participated in all three phases of this project. Begun in April 2004, the workgroup's efforts will culminate on October 1, 2004 when the report is submitted to the legislature.

In FY 2004, staff participated on various workgroups convened to revise the *LMB Policies and Procedures Manual*. Using a standardized format for service areas based on an accountability framework and clear monitoring components, the workgroups, comprised of GOCYF staff, LMB representatives, and Subcabinet Partnership Team members completed revisions for the following programs: Interagency Family Preservation, After School, Youth Services Bureaus, and Home Visiting. Revisions were approved by the Subcabinet for implementation in FY 2005.

Finally, the IMT continues to improve its monitoring tools and protocol in an effort to enhance the monitoring function and LMBs' understanding and compliance with requirements. The IMT will continue to work collaboratively with both GOCYF staff and Subcabinet agencies to conduct ongoing monitoring of LMB functioning as well as special projects targeted to review and evaluation of particular responsibilities of the LMBs.

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## **OFFICE OF THE INDEPENDENT JUVENILE JUSTICE MONITOR**

The Office of the Independent Juvenile Justice Monitor (IJJM) is responsible for reviewing and reporting on Department of Juvenile Services (DJS) residential programs across Maryland. Beginning in September of 2000 and codified into State statute, effective October 1, 2002, this Office's responsibilities include evaluating the following at each facility:

- Department of Juvenile Service's child advocacy grievance process;
- Department of Juvenile Service's monitoring process;
- treatment of and services to youth;
- physical conditions of the facility; and
- adequacy of staffing.

To fulfill this charge, the IJJM has adopted the following mission statement: to promote the positive transformation of the juvenile justice system to meet the needs of Maryland's youth, families, and communities. This mission is accomplished by: collaborating with all who are involved with the juvenile justice system; collecting and evaluating all information; reporting findings and recommendations, and monitoring actions taken.

During FY 2004 the IJJM made 500 visits to 23 facilities. This represents a 24% increase in visits to facilities from the previous year. The IJJM, based upon its visitation of these facilities, issues timely, quarterly, and annual reports documenting its findings and making recommendations to remediate substandard conditions. These reports are submitted to the Department of Juvenile Services as well as to the other Subcabinet agencies, the Juvenile Justice Advisory Board, and the General Assembly. The Department of Juvenile Services, in turn, develops corrective action plans addressing the Office's findings and recommendation.



### *Highlights and Achievements*

- ◀ ***National Juvenile Detention Association*** (NJDA): Sponsored attendance of Department of Juvenile Services (DJS) and Office of the Independent Juvenile Justice Monitor staff at a national conference addressing juvenile justice best practices specializing in institutional programming. Initiated a request, in partnership with DJS, to the NJDA to conduct a training needs assessment of staff at the Cheltenham Youth Facility and the Charles H. Hickey School. Implemented a training curriculum, based upon the results of the needs assessment, for staff at Cheltenham. In conjunction with DJS, identified funding to expand the needs assessment and training project to three additional facilities: Baltimore Juvenile Justice Center; Alfred Noyes Center; and Thomas J. Waxter Center.
- ◀ ***Memorandum of Agreement*** (MOA): Assisted in the development of an MOA concerning multi-agency roles and responsibilities in reference to allegations of child abuse and neglect at the Charles H. Hickey School. The MOA articulates the duties of the Baltimore County Department of Social Services, State's Attorney Office, Maryland State Police, DJS, and GOCYF regarding the prevention, reporting, investigation, and disposition of child abuse and neglect cases at Hickey.
- ◀ ***Interagency Institutional Abuse Workgroup***: The Special Secretary of GOCYF and the Secretaries of the Department of Juvenile Services and the Department of Human Resources charged the interagency workgroup with addressing concerns about the safety of youth in juvenile services facilities with regard to child abuse and neglect. This workgroup's report is being prepared for release.
- ◀ ***Attorney General's Opinion***: An opinion from the Attorney General was issued affirming that reports of the Office of the Independent Juvenile Justice Monitor should include findings and recommendations regarding public agency performance in response to allegations of child abuse and neglect at DJS facilities.
- ◀ ***Standard Operating Procedure*** was established between the Office of the Independent Juvenile Justice Monitor and the Department of Juvenile Services.
- ◀ ***Prince William County (Virginia) Juvenile Boys Group Home and Day Treatment Program Tour***: This tour—attended by members of the General Assembly, the Governor's Office, and DJS—demonstrated how local development and governance of a system of community based programs, in partnership with the state, has been successful in regionalizing services.
- ◀ ***Alternative learning program*** was reviewed to determine applicability for inclusion in DJS facilities.

For more detailed information concerning the Office of the Independent Juvenile Justice Monitor and its findings and recommendations concerning specific facilities, please see the latest annual and quarterly reports which may be reviewed online at: [www.ocyf.state.md.us](http://www.ocyf.state.md.us).

## POLICIES, INITIATIVES AND COUNCILS TEAM

Prior to the restructuring of GOCYF, there were several policy areas, councils and functions that operated independently of each other. The Policies, Initiatives and Councils team now functions to coordinate the global view of services to children and families across the state and inform policy making and planning at the state and local level. Additionally, through its councils and commissions, this unit provides an opportunity for input from experts, professionals and citizens to advise the Governor on issues facing children nationally and statewide.

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### EARLY CHILDHOOD CARE AND EDUCATION

GOCYF is dedicated to ensuring that Maryland's most precious citizens - its children - have opportunities to succeed from the very first days of life. Early childhood care and education encompasses child and family health from the prenatal period transitioning to school age care. By working with both the children and their families, children enter school ready to learn and their families develop the ability to improve their functioning and become more self-sufficient. GOCYF's role in assuring best practices has been to coordinate planning, training, quality assurance and technical assistance through the Home Visiting Consortium and Healthy Families Maryland.

#### Home Visiting Consortium

The Home Visiting Consortium (Consortium) was created to foster collaboration and coordination of home visiting programs on both the state and local levels. The Consortium consists of agencies and members who offer, manage, or support home visiting strategies and programs. They include: Home Instructional Program for Preschool Youngsters (HIPPY), Healthy Start, Healthy Families Maryland, Even Start, Judy Centers, Parents as Teachers (PAT), and the Maryland Infant and Toddler Program.

The Consortium is involved in activities that include planning and monitoring as well as participation on committees. These committees cover training, technical assistance, finances, grants, evaluation and outcomes. The Consortium also advances public awareness and acceptance of home visiting as an effective early intervention strategy, provides a statewide best practices framework for home visiting strategies and programs, and coordinates the Home Visiting conference.

#### *Highlights and Achievements*

- ◀ ***Evaluation, Outcomes and Data and Research:*** Developed five statewide outcomes and measures that focus on school readiness, health, and self-sufficient families. These outcomes will provide the framework to assess the impact of home visiting efforts statewide.
- ◀ ***Grants, Finances and Resources:*** Developed a joint RFP for home visiting focused on

proposed collaboration efforts, resource pooling, joint grant writing and sustainable funding for all home visiting programs.

- ◀ ***Policy, Practices and Programs:*** Developed a set of best practice goals for home visiting programs, as well as reviewed policies and best practices of different home visiting strategies.
- ◀ ***Training, Technical Assistance and Quality:*** Identified core competencies for home visitors, including growth and development, dealing with family violence and child health.
- ◀ ***Home Visitor Trainings:*** The Consortium completed its school readiness training with a focus on the Maryland Model for School Readiness and the home visitors' role in school readiness.
- ◀ ***First Annual Home Visiting Conference:*** Over 525 people attended this event. T. Berry Brazelton and Josh Sparrow were keynote speakers. Lt. Governor Steele brought greetings and thanked the Home Visitors for their support of Maryland's families.
- ◀ ***Statewide Best Practices:*** In order to ensure uniform best practices in programs that are funded/supported by the state, the consortium has developed 10 best practice standards. These standards are based upon national research and are compatible with standards and requirements of the national or statewide home visiting programs. These standards have been presented to the Subcabinet and are currently being developed into statewide regulations for further funding and accountability.

### **Home Visiting Consortium FY 2004 Members**

**Bonnie Birkel**, Department of Health and Mental Hygiene  
**Louise Corwin**, Maryland Business Roundtable for Education  
**Kathy Coster**, Baltimore County Public Library  
**Patricia Cronin**, The Family Tree  
**Rosemary King Johnston**, Maryland State Department of Education  
**Sheila Maynor**, Department of Juvenile Services  
**Jean Mitchell**, Friends of the Family, Inc.  
**Madeline Morey**, Frederick County Local Management Board  
**Rosemary D. Satyshur**, Social Services Administration, Department of Human Resources  
**Barbara Squires**, Success by Six  
**Mary Beth Stapleton**, Governor's Office for Crime Control and Prevention  
**Darius Tandon**, Johns Hopkins University

### **Healthy Families Maryland**

Healthy Families Maryland (HFMD) is a locally operated home visiting program at 17 different sites in 15 jurisdictions throughout the state. Through GOCYF, Healthy Families Maryland provides coordination of training, quality assurance and technical assistance. Through voluntary screening, standardized assessments, referrals to services, and supportive in-home visitation for three to five years, Healthy Families strengthens families to help them provide the best possible environment for their child's health and development.

### *Highlights and Achievements*

- ◀ ***Reaching and Supporting Families:*** The 17 Healthy Families sites provided comprehensive home visiting services to over 2000 families.
- ◀ ***Training:*** Through the support of GOCYF, HFMD has been able to provide all the training required by Healthy Families America for certification, including the CORE training, 6 month trainings and 12 month trainings. In collaboration with the Home Visiting Consortium, a Home Visiting Conference was held in June 2004 with over 500 participants.

- ◀ **Quality Assurance and Technical Assistance:** Through the Freddie Mac Foundation, GOCYF was able to provide training to four program staff who have become certified as National QA/TA specialists. This will allow for all Healthy Families Maryland sites to receive regular, ongoing QA/TA.
  - ◀ **National Credentialing:** To ensure that services are effective and of the highest quality, Healthy Families America has a national credentialing process. Sixteen of the 17 Healthy Families Maryland sites achieved their nation credentialing. The remaining one site is in the process of reaching this goal.
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## **GOVERNOR'S COUNCIL ON ADOLESCENT PREGNANCY**

The Governor's Council on Adolescent Pregnancy (GCAP) was created by the General Assembly in 1987 in response to a state treatise on adolescent pregnancy in Maryland, "*A Call to Action*." GCAP's mission is to develop a comprehensive plan to reduce the incidence of adolescent pregnancy in Maryland. Although Maryland has experienced 11 consecutive years of reductions in the teen birth rate (35.4 births per 1,000 females ages 15-19 in 2001 compared to 54.1 births per 1,000 females ages 15-19 in 1991), the United States continues to have the highest teen birth rate compared to other industrialized nations. Maryland's teen birth rate is also 17 percent lower than the national rate of 42.9 births per 1,000.

GCAP mobilizes public and private resources to reduce the incidence of adolescent pregnancy and improve outcomes for parenting teens, and focuses on the social, economic, health and legal issues associated with teen pregnancy and parenting. GCAP has successfully focused on a comprehensive prevention model by combining abstinence education, comprehensive health education, and family planning, as well as parent and community involvement.

### **Interagency Committee on Adolescent Pregnancy**

Twenty-four jurisdictions now have an Interagency Committee on Adolescent Pregnancy, Prevention and Parenting (ICAPPP). ICAPPPs support GCAP's statewide activities on the local level, acting as a driving force for teen pregnancy prevention across the state. Each year, GCAP awards block grant funding to ICAPPPs to coordinate efforts targeting adolescent pregnancy prevention and parenting. The efforts provide more extensive teen pregnancy prevention and Adults and Children Talking (ACT) activities, such as: HIV/AIDS, drugs, culture diversity, suicide, teen relationships, and college preparation.

### **Community Incentive Grants**

In 2004, GCAP and the LMBs continued to award Community Incentive Grants (CIGs) at the local level. This year, GCAP continued funding for seven CIG programs in support of programs ranging from community education and outreach to teen fatherhood development. In addition, GCAP awarded 10 local jurisdictions one-time grant funds to support local efforts to assess the needs and resources related to teen pregnancy prevention and parenting in their jurisdiction or geographic region.

## Maryland Abstinence Education and Coordination Program

Since 1998, GCAP, in partnership with the Center for Maternal and Child Health, Department of Health and Mental Hygiene (CMCH) conducts the Maryland Abstinence Education and Coordination Program (MAECP). Abstinence education programs receive technical assistance and training designed to improve their effectiveness and enhance their relationship with the communities they serve. The training topics covered this year included *Skills-Based Teaching Techniques*, *Assets Development*, *Update on Abstinence*, and *Creative Classroom Management*.

### Statewide Trainings and Technical Assistance

GCAP, in collaboration with MAECP and the Department of Human Resources (DHR), completed a rigorous training schedule in FY 2004, reaching hundreds of professionals and community members. These core trainings included:

- **Faith-Based Partnership for Teen Pregnancy Prevention:** GCAP and the Department of Health and Mental Hygiene (DHMH), co-hosted a one-day training entitled *Faith-based Partnership with Teen Pregnancy Prevention: Successful Fundraising and Grant Writing*. Participants learned techniques to write objectives, plan interventions and evaluate programs. The group discussed practical issues such as of separation of church and state, capacity building and grant management.
- **Quarterly ICAPPP Training:** GCAP hosts regional training for the LMBs, Community Incentive Grantees and ICAPPPs. These trainings ensure a continuous dialogue between State and local jurisdictions to identify programs that use best practices and allow local jurisdictions to exchange ideas and tools to address teen pregnancy and parenting.
- **Annual State Conference on Teen Pregnancy and Parenting:** Traditionally, GCAP—in collaboration with the DHMH and DHR—sponsors an annual conference on teen pregnancy prevention and parenting. This year GCAP extended their sponsorship to include Florence Crittenton Services of Greater Washington and the Interagency Committees on Adolescent Pregnancy Prevention and Parenting in Montgomery and Prince George's County to host the 20<sup>th</sup> Annual State Conference on Teen Pregnancy & Parenting: Supporting Pregnancy and Parenting Teens.
- **Winning Choices 2003:** In collaboration with DHMH, GCAP participated in Maryland's fourth abstinence conference, *Winning Choices 2003*. The one-day conference provided education and entertainment promoting abstinence as the best option of Maryland young people. Over 40 interactive small group sessions were offered throughout the day offering age-appropriate information and resources for young people and their parents/supportive adults.

- **Unequal Partners:** GCAP, in partnership with DHR, continues to address the issue of underage consensual sexual activity in our state. In 2003, GCAP coordinated nine *Unequal Partners* trainings, divided into four regions (Southern Maryland, Eastern Shore, Western Maryland and Baltimore City) to help professionals develop the criteria for evaluating the difference between a healthy relationship and an unhealthy one. Through a train-the-trainer model, participants learned new strategies and techniques to encourage adolescents to make positive decisions and avoid life-limiting problems, including unintended pregnancy, sexually transmitted infections and emotional, physical, and sexual abuse.
- **Adolescent Pregnancy in the Latino Community:** GCAP, in partnership with Planned Parenthood of Maryland, sponsored a one-day Enseñando el Sexo Seguro/Teaching Safer Sex curriculum training. This training was based on the curricula produced by The Family Life Education at Planned Parenthood of Greater North New Jersey. The target audience for this training included teachers, counselors, social workers, nurses, health educators, youth workers, and other professionals who work with Spanish speaking youth.

### Male Involvement Task Force

GCAP, in collaboration with the Center for Maternal and Child Health/DHMH, coordinates the Male Involvement Task Force. The task force is committed to advocating for men's interests in and access to health, with a focus on reproductive health, prevention of pregnancy among adolescents, and support of services for fathers and males in Maryland by:

- increasing awareness of the importance and benefits of addressing issues facing males in Maryland;
- providing technical assistance to State and local agencies and community and private programs and organizations to create "male-friendly" environments and increase awareness of best practices in order to successfully work with males; and
- providing evidence-based documentation to advocate for the reform of systems to meet the needs of males by fostering collaborations among important stakeholders and decision makers.

### Ongoing Media Campaign

The abstinence media campaign delivers education and public outreach essential to the health and well-being of children and families. Through repetition and reinforcement, the target audiences take notice of the messages and recognize the importance of the issue. This successfully raises awareness about teen pregnancy in Maryland and positions GOCYF as a valuable statewide resource. The media campaign is a statewide, multi-media effort with the goal of reducing the onset of early sexual activity among adolescents. The campaign also seeks

### Governor's Council on Adolescent Pregnancy FY 2004 Members

**Cheryl Alexander, PhD,**  
Bloomberg School of Public Health, Johns Hopkins University  
**Karen Fennell, RN, MS,**  
American College of Nurse-Midwives  
**Cheri Gerard,** Department of Budget and Management  
**Linda Humbert,** Private Citizen  
**The Honorable Ruth Kirk**  
**Donna Mazyck,** MSDE  
**Russell Moy, MD,**  
Department of Health and Mental Hygiene  
**Deborah Roffman,** Private Citizen  
**Jean M. Flory,** Private Citizen  
**Anne Davis,** Florence Crittenton Services  
**Valerie Myers,** Department of Labor and Licensing Regulations  
**Judith Sensenbrenner, MD**

to educate and support parents and others in talking to their children about sex through the following methods: television commercials, radio commercials, print media, posters, brochures, postcards, small space ads, and community action kits.

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## MARYLAND CHILDREN'S TRUST FUND

The Maryland Children's Trust Fund (CTF) is committed to preventing child abuse and neglect before it occurs. Established in 1987, the Trust Fund receives funding through grants, private donations, and proceeds from the sale of the Commemorative Birth Certificate, with contributions being tax deductible. The Children's Trust Fund grants funding to programs and services dedicated to the *prevention* of child abuse and neglect.

### The Commemorative Birth Certificate

The Commemorative Birth Certificate is the primary revenue source for the Maryland Children's Trust Fund, which is administered by GOCYF. The cost of the Commemorative Birth Certificate is \$30, \$15 of which is directly donated to CTF and is fully tax deductible. To view the commemorative birth certificate, visit the following website:  
<http://www.mdpublichealth.org/vsa/html/birthcert.html>

### FY 2004 CTF Grants

For the FY 2004 funding cycle, CTF received 34 grant proposals, of which five were funded for a total of \$103,107. Funding was provided to the following organizations:

- A second year of funding in the amount of \$25,000 was awarded to Child Center and Adult Services, Inc (CCAS). CCAS works in partnership with Healthy Families of Montgomery County to identify and treat high-risk, low-income pregnant women and new mothers at risk of depression.
- Families First of Queen Anne's County was awarded \$20,527 to provide a direct transportation program to those families with children under 6 years old who need family support services. This is an innovative approach to provide family supports to rural, often isolated, families.
- Family and Children's Services, Inc. in Baltimore City was awarded \$12,000 to support Family Fun Nights in the Druid—Reservoir Hill—Upton neighborhood. The goal of this project is to decrease social, emotional and physical isolation of at risk families—conditions often correlated with families experiencing child abuse and neglect.
- A second year of funding in the amount of \$13,880 was awarded to Franklin Square Hospital to continue their Shaken Baby Syndrome education campaign "Prevention is the Best Medicine: A hospital/community partnership to prevent child abuse in eastern Baltimore County."

### Maryland Children's Trust Fund FY 2004 Board Members

**Kim Amos**, Pal-Tech  
**Dorothy Harris**, (Chair) Vice  
President of Special  
Projects on Children,  
Youth, and Families, Pal-  
Tech,  
**Anne Helton**, Private Citizen  
**Edward Kilcullen**, Maryland  
CASA Association  
**Wendy G. Lane, MD**, U of  
MD School of Medicine  
**Henrietta Parker**, Mentoring  
Project Coordinator,  
Wicomico County Board  
of Education  
**Joan Zlotnik**, Executive  
Director, Institute for the  
Advancement of Social  
Work Research

- Frederick County Mental Health Association, Inc was awarded \$31,700 to a multifaceted parent and education program—ParentPower—for families at high risk of child abuse and neglect.

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## MARYLAND COMMISSION ON INFANT MORTALITY PREVENTION

In 1991, the Maryland General Assembly created the Maryland Commission on Infant Mortality Prevention (Commission) to analyze the State's infant mortality problem and develop comprehensive strategies to improve birth outcomes and reduce mortality. State law charges the Commission with the following: to reduce the disparity of infant mortality between African American infants and Caucasian infants; to establish a regionalized system of perinatal care; to advise on legislative matters; to develop strategies to increase access to care; and to develop grass roots support for infant mortality prevention strategies.

The Infant Mortality Commission consists of members appointed by the Governor, intergovernmental agency members and private partners. The members have academic and professional experience on the issues that pertain to the causes of infant mortality, and knowledge of current research and methods to reduce infant mortality. The Commission has geographical diversity and statewide representation enabling the members to bring local issues forth. The meetings are held every other month at varied locations in Baltimore.

The Commission has voted to concentrate subsequent years' efforts on four specific areas that are known to be precipitating factors of infant mortality. These are: access to health care, health insurance coverage, family planning and intensive case management. Determining how the State can best deliver services in these four areas, and implementing changes, should reduce infant mortality. Additionally, the Commission extends grant money, in collaboration with LMBs, to community organizations. The organizations receiving grant money provide preventive programs such as providing health care and social services to at-risk, expectant Mothers.

### *Highlights and Achievements*

- ◀ **Infant Mortality Rate:** Although the infant mortality rate in Maryland has risen slightly from FY 2003, the Commission remains committed to its continued reduction.
- ◀ **Leading Causes of Death:** Leading causes of death this year were disorders related to short gestation and unspecified low birth rate, congenital malformations, and sudden infant death syndrome. Congenital malformation was the leading cause of death for

## Maryland Commission on Infant Mortality Prevention FY 2004 Members

**Catrice Alphonso**, Director,  
Governor's Council on  
Adolescent Pregnancy  
**Jennifer Baldwin**, Holy Cross  
Hospital  
**Donna Behrens, RN, MPH**,  
Governor's Office for  
Children, Youth and  
Families  
**Raymond Cox, MD**, Prince  
George's Co. Hospital Center  
**William Christoffel**,  
Washington County Health  
Department  
**Robert Dawson, MD**,  
Children's Medical Group  
**Eileen Ehudin-Pagano, CNM**,  
Baltimore Birth Center  
**Harold Fox, MD**, Johns  
Hopkins University School  
of Medicine  
**Tracy Smith Hart**, March of  
Dimes  
**Arva Jackson, MSW**,  
Montgomery County Infant  
Mortality Coalition  
**The Honorable Delores Kelley**,  
**PhD**, Maryland State Senate  
**Miguel McInnis, MPH**, Mid-  
Atlantic Association of  
Community Health Centers  
**Hugh Mighty, MD, MBA**,  
University of Maryland  
School of Medicine (Chair)  
**The Honorable Dan Morhaim**,  
**MD**, Maryland House of  
Delegates  
**Russell Moy, MD**, Department  
of Health and Mental  
Hygiene  
**Rosemary Murphey, RN, MBA**,  
Department of Health and  
Mental Hygiene  
**Fran Pellerin**, Department of  
Human Resources  
**John William Scanlon, MD**  
**Vicki Taliaferro, RN, BSN**,  
NCSN, Maryland State  
Department of Education



Caucasian babies and low birth weight was the leading cause of death for African American babies.

- ◀ **Newsletter:** The Commission has placed the “All for One” newsletter on the GOCYF’s. Commission members and public/private partners have written articles for the newsletter. The newsletter is also being used to disseminate information to local government offices across the state.
- ◀ **Incentive Grants:** The Commission awarded Community Incentive Grants to four jurisdictions: Baltimore City, Caroline and Queen Anne’s counties (a joint project), Howard County and Prince George’s County.

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## SCHOOL BASED HEALTH CENTERS

The Maryland School-Based Health Center Initiative’s purpose is to promote and facilitate the development of school-based health centers across Maryland. Research has shown that school-based health centers (SBHCs) provide an effective means for students to access comprehensive health care, mental health services, health education, prevention services, dental health and social services. Parents find that school-based health centers are an accessible and reliable source of care for their children that ensure their child’s health needs are being met while the child is in school learning. In Maryland, SBHCs are located in high-risk communities, communities that are medically underserved, and/or areas with few health care professionals.

The Maryland School-Based Health Center Initiative offers technical assistance, provides networking opportunities, collects data about SBHC services, is a clearinghouse for information, assists in identifying funding streams, provides coordination with other school health programs statewide and nationally, and educates others regarding SBHCs. The Maryland School-Based Health Center Initiative has represented the State of Maryland and the GOCYF on the national level, participating in site visits to other states, and has contributed to many national-level workgroups around school-based health care issues.

There are currently 62 school-based health centers in Maryland, placing this State in the top ten states nationally. These centers are located in urban, suburban and rural areas of the state and serve a mix of elementary, middle, high and special population schools. All SBHCs are located within the school building and are staffed by licensed professionals who provide medical, mental health and, in some schools, dental health care. SBHCs support schools in their mission to educate young people by improving students’ health and well-being and by collaborating with local resources to identify and address risk behaviors that impede learning and academic success. They provide the expanded capacity within schools to make comprehensive health care services available on-site. In addition, the centers facilitate access to needed services for children and their families by providing quality care in a convenient, familiar, confidential and caring environment.

The following result areas are the focus of the Maryland School-Based Health Center Initiative: Babies Born Healthy, Healthy Children, Children Entering School Ready to Learn, Children

Successful in School, Children Completing School. Indicators vary depending upon the services that are provided and the population that is targeted.

The following jurisdictions have SBHCs: Baltimore City, Baltimore County, Caroline County, Cecil County, Charles County, Dorchester County, Harford County, Montgomery County, Prince George's County, Talbot County, Washington County and Wicomico County

### **Funding of School-Based Health Centers**

Maryland's school-based health centers are funded by a variety of sources, demonstrating the collective federal, State and local endorsement these centers receive. In FY 2004, the LMBs distributed over \$2 million in ongoing grant support from the Subcabinet to Maryland's school-based health centers. Jurisdictions receiving grants were Baltimore City, Baltimore County, Caroline County, Cecil County, Charles County, Dorchester County, Harford County, Montgomery County, Prince George's County, Talbot County, Washington County, and Wicomico County. This funding through the LMBs does not constitute the full funding for all the school-based health centers; rather, it is used to leverage other funds that, blended together, make the SBHC services available. These other sources of funding for Maryland's centers include: federal, local, private foundations, other State sources, in-kind contributions from local educational agencies and local health departments, and limited reimbursement from Medicaid and other private insurers. In-kind contributions provide support for salaries, supplies, space rental, equipment, laboratory support, pharmacy and other costs.

### **2002-2003 ANNUAL SCHOOL-BASED HEALTH CENTER SURVEY RESULTS**

The Maryland School-Based Health Center Initiative conducted an annual survey of school-based health centers in the State for the past six years. The purpose of the survey is to enable the State to monitor operations, registration and utilization, staffing patterns, and services provided by the centers. Every year, this survey form is reviewed and amended as needed. The current survey corresponds to the biennial national SBHC survey and allows Maryland to compare itself to other States. For the 2002-2003 school year, surveys were received from all 60 centers in operation during the entire 2002-2003 school year. Two new centers have opened since this time—one in Caroline County and one in Baltimore City. Data from the new schools were not included in the 2002-2003 survey because they were not open the full school year and the data was incomplete.

During the 2002-2003 academic year, SBHCs were located in 25 elementary schools, 13 middle schools, 18 high schools, one elementary/middle school, two middle/high schools, and one school serving special needs students. In all, there were 51,287 students enrolled in these schools in 2002-2003; of these, 29,901 or 59%, were enrolled in their school's SBHC. Of those students enrolled in SBHCs, 19,045 students, or 64%, used the centers' services during the 2002-2003 school year. The average number of visits for all students was 3.9 per student. Students made 75,028 visits to SBHCs from July 1, 2002 through June 30, 2003.

A little over half (55%) of all centers were open during the summer. Forty-eight percent (48%) of the SBHCs provided care to other groups in addition to students. These groups included faculty and staff of the school with a SBHC (17%); children of the high school students (3%); and community members outside the school (48%). The Oxen Hill High School located in Prince George's County is open two evenings a week and serves school-age children from all over the jurisdiction. They offer medical, mental health and dental services.

Maryland's 60 school-based health centers surveyed provide a wide variety of medical, mental, and dental health services, either on-site or off-site by referral. At a minimum, all SBHCs must offer medical health services. Services offered on-site during the 2002-2003 school year included screenings (vision, hearing, etc.), immunizations, sports physicals, treatment of acute illnesses, chronic disease management, nutrition counseling, lab testing, prescriptions for medications, behavioral risk assessments, anticipatory guidance, and assessment of psychosocial development. In 29 centers (48%), medical services were available on-site at least 20 hours per week.

Mental health services were offered in 45 SBHCs (75%) in 2002-2003. Services provided on-site included assessment, screening, diagnosis, crisis intervention, conflict resolution, individual and family therapy, grief and loss therapy, education and prevention programs, medication administration and follow-up, case management, skill-building, and counseling for substance use. In 24 centers (53%), mental health services were available on-site at least 20 hours per week.

Five SBHCs offered on-site oral health services by a dental health professional during the 2002-2003 school year. In Prince George's County's program, all three centers provided sealants, fillings and screenings; in Caroline County, two centers provided screenings and one center also provided sealants. Several centers in Baltimore County, Baltimore City and Talbot County provided limited services on-site. Two-thirds (67%) of SBHCs statewide offered referrals to students for dental health care services off-site.

Prevention-oriented services such as violence, injury and substance use prevention were also available on-site in many centers on an individual basis or in group settings. All middle and high school SBHCs provided at least one reproductive health service on-site. Services most commonly available on-site were gynecological exams, Pap smears, diagnosis and treatment of sexually transmitted diseases (STDs), birth control counseling, and HIV/AIDS counseling.

### **Maryland School-Based Health Center Policy Advisory Council**

The State's recognition of the importance of SBHCs to the health and well-being of Maryland's children and adolescents was exemplified by the codification in April 2002 of the

### **Maryland School-Based Health Center Policy Advisory Council FY 2004 Members**

**Patricia Bell-McDuffie, DDS,**  
Baltimore City Health  
Department  
**Francine Childs,** Baltimore  
City Health Department  
**Betty Clayton,** Department of  
Budget and Management  
**Cheryl Duncan DePinto, MD,**  
Department of Health and  
Mental Hygiene  
**Fayette Engstrom, MD,**  
Maryland Assembly on  
School-Based Health Care  
**Clara Floyd,** Maryland State  
Teacher's Association  
**Michelle Gourdine, M.D.,**  
(Chair)  
**Pat Hauptman, P.N.P.,**  
Maryland Assembly on  
School-Based Health Care  
**Jill Hillard,** Department of  
Human Resources  
**Wanda Maynor-Kearse, PhD,**  
Department of Juvenile  
Services  
**Rosemary Murphey, RN,**  
Department of Health and  
Mental Hygiene  
**Patricia Papa, PNP,** Prince  
George's Public Schools  
**Vicki Taliaferro, BSN,** State  
Department of Education  
**Kathleen Wise, LCSW,**  
Dorchester County Health  
Department  
**Albert Zachik, MD,**  
Department of Health and  
Mental Hygiene

existing Maryland School-Based Health Center Policy Advisory Council (PAC). Since its inception in 1996, the PAC's mission is to shape an environment that promotes the development and implementation of State policies favorable to the growth of SBHCs in Maryland. As a codified entity, the PAC maintains its leadership role in overseeing the statewide promotion, development, sustainability and quality of SBHCs, in consultation with relevant public agencies and private organizations. This year, the PAC developed a draft of proposed State standards for school-based health care, which are currently in final draft form and will be presented to the Subcabinet for review. The PAC worked with the Maryland School-Based Health Center Initiative in supporting legislative policies and positions advantageous in improving the health of children and youth.

Other activities tasked to the PAC include: monitor the services and undertakings of SBHCs; assist in the development of funding and improving current reimbursement strategies; formulation of a statewide SBHC outcome measurement tool; and preparation of an annual report to the Subcabinet. The 25-member PAC consists of a diversity of stakeholders, including representatives from State and local agencies, public and private community organizations, and SBHCs users and their families. The Maryland School-Based Health Center Initiative provides staff support for the PAC.

### **Policy Advisory Council Mission**

All students in Maryland will have access to quality health and mental health services. Maryland SBHCs seek to promote the health and academic success of students through assuring access to quality health and mental health services. The goal of SBHCs in Maryland is to improve the overall health of students by establishing a strong, visible, and effective school and community collaboration with the capacity to support comprehensive and coordinated school based health center programs designed to prevent specific priority health risks and serious health problems among youth.

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### **STATE COUNCIL ON CHILD ABUSE AND NEGLECT**

In 1999, the Maryland General Assembly passed legislation codifying the Governor's Council on Child Abuse and Neglect and renaming it the State Council on Child Abuse and Neglect (SCCAN). SCCAN is composed of up to 23 members—legislators, State agencies or associations designate eight members and the Governor appoints fifteen.

SCCAN meets monthly to carry out the duties and responsibilities defined by State and federal law, including the Child Abuse Prevention and Treatment Act (CAPTA). SCCAN has three mandated committees and several subcommittees. Through the Conference, Legislative, Systems Improvement (Research), and federal Children's Justice Act committees, SCCAN engages in a range of activities related to the treatment and prevention of child abuse and neglect.

## Conference Planning Committee

The Conference Planning Committee plans the Annual Governor's Conference on Child Abuse and Neglect, which is designed to be the best practices mechanism for multidisciplinary training across Maryland. The committee consists of professionals and advocates in the field of child maltreatment.

The Governor's 11<sup>th</sup> Annual Conference—*Securing the Safetynet for Maryland's Children*—took place on April 29, 2004 at the Baltimore Convention Center. There were approximately 800 attendees from various fields such as law, education, home visiting, social work, therapy, faith-based and advocacy. There were over 40 workshops including a separate Medical Track specifically for doctors and other health care professions. First Lady Kendal S. Ehrlich provided the opening remarks for the conference.

## Legislative Committee

The Legislative Committee is responsible for reviewing and making recommendations concerning legislation improve the State's response to the problem of child abuse and neglect. During the 2004 General Assembly session, the Committee supported legislation that would:

- provide a criminal penalty for failing to report child abuse and neglect;
- limit a provision that exempts specified members of the clergy from the child abuse and neglect reporting requirements under specified circumstances, and
- reduce caseload ratios to levels recommended by the Child Welfare League of America and provide funding to implement caseload reduction;

In addition, the Committee opposed legislation that would exempt "reasonable punishment" from the definition of child abuse and neglect without defining what constitutes "reasonable punishment."

## Systems Improvement Committee

The mandate of the Systems Improvement Committee (SIC) is to lead the Council's efforts to fulfill its mandate to "evaluate the extent to which State and local agencies are effectively discharging their child protection responsibilities in accordance" with the Child Abuse Prevention and Treatment Act (CAPTA) and State policies and procedures established to protect children in Maryland. Based on these evaluation activities, the committee presents findings to the Council with recommendations for systems' improvements as appropriate.

## State Council on Child Abuse and Neglect FY 2004 Members

**Bill Benton**, Benton and Associates  
**Stephen K. Berry**, Social Services Administration, Department of Human Resources  
**Lucia Biers**, Garrett County Partnership for Children and Families  
**Linda Davis**, Survivors of Incest Anonymous  
**Diane DePanfilis, PhD**, University of Maryland School of Social Work  
**Howard Dubowitz, MD**, University of Maryland School of Medicine  
**Heather Girvin, PhD**, University of Maryland School of Social Work  
**Sue Hazlett**, State's Attorney Association  
**Edward T. Kilcullen, Jr.**, Maryland Court Appointed Special Advocates Association  
**Lawrence F. Kreis, Jr.**, Private Citizen (Chair)  
**The Honorable Susan McComas**, Maryland House of Delegates  
**Mary Louise Orth**, Department of Juvenile Services  
**Pamela Ortiz**, Administrative Office of the Courts  
**Richard Scott/John McGinnis**, Maryland State Department of Education  
**Leslie Shedlin, Esq.**, Private Citizen  
**Linda Spassil**, Private Citizen  
**Joan Stine**, Department of Health and Mental Hygiene  
**Allen Walker, MD**, Johns Hopkins University

For SIC, FY 2004 was largely a planning year. Upon completion and reporting of its Screening Study in 2003, the committee needed to review changes to CAPTA and create a short-term plan for reviewing Maryland's Child Protection System. The following activities were identified in the planning review:

- review CAPTA as authorized in 2003 to determine whether there are new mandates that will change compliance requirements;
- review a proposal drafted by DHR to implement a differential response system in Maryland based on the evaluation of Community Based Child Protection models in other states that was undertaken by the State Council in 2002-2003;
- analyze the results of the Screening Study conducted by the Council between 2001-2003 and identify possible implications and recommendations from this study; and
- consider developing plans to evaluate parts of the child protection system in the following areas:
  - assessment of decision-making in ruled out cases. Currently approximately 40% of the investigations conducted by local DSS agencies result in Ruled Out findings. These reports are mandated to be expunged within 120 days;
  - assessment of decision-making in unsubstantiated cases;
  - assessment of decision-making by law Judges;
  - assessment of the adequacy of health related services for children in cases of child maltreatment or in the prevention of child maltreatment in Maryland;
  - connection to the federal Child and Family Services Review that occurs in Maryland beginning in November. Since this review will be examining data and cases related to child protection systems in Maryland, the Committee may consider using the results of this review to assist with Program Improvement planning recommendations; and
  - how other states meet CAPTA requirements.

### **Children's Justice Act Committee**

The Children's Justice Act Committee (CJAC) was reconstituted in January of 2000 as required by Maryland statute to be in compliance with federal CAPTA law. Maryland's current CJA Task Force was established on January 27, 2000 as a sub-committee of the State Council on Child Abuse and Neglect. The Council is a multidisciplinary body created by the Maryland General Assembly. The purpose of the task force is to examine the investigative, administrative, and judicial handling of child abuse and neglect cases, with an emphasis on child sexual abuse.

- **Law Enforcement Survey:** In February 2004, a survey was sent to all branches of law enforcement in Maryland that respond to cases of child abuse and neglect. The survey was designed to obtain information as to: (1) how law enforcement officers respond to reports of child abuse and neglect; (2) how investigations of child abuse and neglect proceed; (3) general protocols related to child abuse and neglect; and (4) any other information relating to collection of relevant data and desired resources.

Over 550 surveys were sent out and, as of April 2004, 114 surveys had been returned. At least one survey was returned from every county and Baltimore City. Several responders also included letters, copies of protocols, and expanded answers.

The responses revealed a great variation in the way these cases are handled throughout the state. Most notably, the majority of the responders indicated a great need for training, more staff and increased use of specialized children's advocacy centers or multi-disciplinary teams. All of these results are consistent with Maryland's priority areas for CJA grants. In addition, law enforcement training is a significant component of the Finding Words training described below, which is taking place in three locations throughout the Maryland.

- **Grants:** In August 2002, the State issued a Request for Proposals by which to award approximately \$700,000 in CJA funds. This section will highlight the five funded focus areas and the individual grantees within each one.

*Enhancing Training in Investigations*

- Anne Arundel County Police Department, in cooperation with the county's Department of Social Services
- Caroline County Department of Social Services
- Life Crisis Center (Wicomico County Child Advocacy Center)
- Somerset County Department of Social Services

*Enhancing Forensic Interviewing of Children*

- Baltimore Child Abuse Center, Inc
- Baltimore County Department of Social Services

*Enhancing the Availability and Utilization of Court-Appointed Special Advocates*

- Center for Children, Inc (St. Mary's and Charles counties)
- Maryland Administrative Office of the Courts (Anne Arundel County; Baltimore City; Baltimore County; Carroll County; Harford County; Frederick County; Wicomico and Worcester Counties; Montgomery County; and Prince George's County)

*Enhancing Multidisciplinary Teams and Child Advocacy Centers*

- Maryland Child Advocacy Center Alliance (statewide)

*Enhancing Court Sensitivity to Child Victims and Witnesses*

- Howard County Office of the County Executive
- Circuit Court of Baltimore City, Juvenile Division

On May 28, 2004, a Notice of Availability of Funds was issued to the LMBs requesting bids for CJAC grants. The LMBs will contract with local vendors to perform the tasks, ensuring that the money will be targeted to those specific areas that local communities have identified as being both needy and worthy of funds. Members of CJAC will be available to local communities for technical assistance in their areas of expertise. The grant awards will be issued in the beginning of FY 2005.

- **Finding Words:** In October of 2002, Maryland became one of the first 10 states to be admitted to the American Prosecutors Research Institute's *Half A Nation by 2010* initiative, a forensic interviewing course for law enforcement officers, child protection caseworkers, and prosecutors. The course was modeled after and developed in collaboration with CornerHouse, a child sexual abuse evaluation and training facility in Minneapolis, Minnesota.

In November 2003, Maryland sent its core training team to Minnesota to be trained in the Finding Words program. All participants successfully completed the program thereby enabling Maryland to move on to stage two of the program--facilitating the training in our state, utilizing the faculty of Finding Words. The first regional training took place in February 2004, in Linthicum, Maryland. The program was at-capacity and the participants were unanimous in their praise for the program. In June 2004, Maryland trainers ran the program on the Eastern Shore of Maryland, supervised by the Finding Words staff. In September 2004, Maryland will again facilitate the program, assisted by the Finding Words staff.

Upon successful completion of these two trainings, Maryland will become one of only ten states to be certified to facilitate the Finding Words training. The training holds up to 40 participants and currently has waiting lists for additional trainings. It has been well received by the multidisciplinary professionals across the state. In May 2004, the CJA Coordinator held a stakeholders meeting with the presidents of the State's Attorney's Office, the Child Advocacy Center Alliance and representatives from the Department of Human Resources and Maryland Police Training Commission to plan for Maryland's Finding Words 2005 and beyond. There is strong commitment and support for this initiative across the State.

#### **Children's Justice Act Committee FY 2004 Members**

**Sgt. David Betz**, Harford County Child Advocacy Center  
**Shirley Brown**, Department of Human Resources  
**The Honorable Philip T. Caroom**, Circuit Court for Anne Arundel County  
**Laura Chase**, Montgomery County State's Attorney's Office  
**Lisa Fillpot**, Legal Aid Bureau  
**Althea Stewart Jones**, Foster Care Court Improvement Project  
**Roger Friedman** (Co-Chair), Psychologist  
**Edward Kilcullen**, Maryland CASA Association  
**Mary Jo Livingston**, Office of the Public Defender  
**Cristine Marchand**, The Arc of Maryland  
**Phillip J. Merson**, Governor's Office for Children, Youth, & Families  
**Madeline Morey**, Frederick County Child Advocacy Center  
**Ellen Mugmon**, Private Citizen  
**The Honorable Katherine D. Savage**, Circuit Court of Montgomery County  
**Leslie Shedlin** (Co-Chair), State Council on Child Abuse and Neglect  
**J. Charles Smith, III**, Deputy State's Attorney's Office  
**The Honorable Martin Welch**, Circuit Court for Baltimore



## RESEARCH, EVALUATION AND DATA COLLECTION TEAM

Every aspect of the GOCYF's work entails interagency collaboration and coordination to ensure the development of an integrated service system through which Maryland's families and children are able to efficiently access needed services. GOCYF's Research, Evaluation and Data Collection Team (RED) utilizes the following two strategies to reach this goal: research & evaluation and data collection.

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- **Research and Evaluation**—Producing information intended to inform policy development and promote an integrated system of care and support.

The RED Team assists the Subcabinet, GOCYF and LMBs in using data to analyze and evaluate policies and programs. GOCYF's philosophy is to provide an accurate picture of the experience of children and families across Maryland so that the Subcabinet and LMBs can make informed decisions about integrating the child and family service system.

- **Data Collection**—Implementing a model information system intended to bridge the efforts of the State, local jurisdictions and service providers in providing services to children and families.

The RED Team assists the Subcabinet, GOCYF and LMBs in developing and implementing an interagency information system to improve planning and delivery of services critical to the health, safety and well being of children and families statewide. It is believed that providing frontline caseworkers with information management tools that truly help them in their jobs will enable LMBs and GOCYF to collect accurate data required to monitor service programs and track the outcomes of those children and families served.

The RED team is guided by the vision that all decisions concerning policies and programs for children, youth and families will be based on current, accurate and reliable information. The mission of the team is to produce useable information through data analysis and reporting to inform policy discussions, decisions, planning and program monitoring at the State and local levels.

The RED Team serves the needs of multiple stakeholders:

- community service programs and frontline case workers;
- Maryland's LMBs located in each jurisdiction responsible for developing community needs assessments and implementing multiyear strategic plans for children and family services; and
- agency members of the Subcabinet.

To achieve these goals, the RED Team consists of six and one half staff people whose scope of work and range of activities brings them in contact with a variety of people across the state, from caseworkers in programs at the community level to policy makers

across agencies at the State level. A compact and agile team, RED team members bring a number of skills to address different kinds of data, reporting and database development assignments. The combined skill set of the team includes research and evaluation design; information system design, development and maintenance; data collection and management; data analysis, interpretation and reporting; technical assistance and information system user support. At any given moment, several activities involving different constellations of team members are being undertaken to meet accountability requirements.

### *Highlights and Achievements*

- ◀ ***Interagency Workgroup:*** Initiation of an interagency workgroup addressing three bills signed into law in May 2004: HB 416, HB 1146, and SB 711. These bills are all interrelated and address issues affecting children in out-of-home care across the State of Maryland.
- ◀ ***Joint Chairmen's Report:*** Completion of the Joint Chairmen's Report on Maryland's Out-of-Home Placements and Family Preservation Services.
- ◀ ***Annual Survey:*** Completion of the School Based Health Center Annual Survey.
- ◀ ***Publication*** of "Unequal Partners: Implementation and Evaluation of the GOCYF Regional Training."
- ◀ ***Publication*** of "Maryland's Results for Child Well-Being."
- ◀ ***SCYFIS:*** Major implementation of the Subcabinet for Children, Youth and Families Information System (SCYFIS)-Phase One and ongoing user training and support.
- ◀ ***Evaluation Technical Assistance*** provided to the Maryland After School Opportunity Fund and the Home Visiting Consortium.
- ◀ ***Website:*** Ongoing maintenance and improvement of the GOCYF web site.

### **SUBCABINET FOR CHILDREN, YOUTH AND FAMILIES INFORMATION SYSTEM (SCYFIS)**

State government can quickly produce an effective management information system that meets both the needs of the frontline staff and provides local and State management with the aggregate reports it needs to evaluate service program effectiveness. SCYFIS was originally developed for Interagency Family Preservation Service (IFPS), the LCC/SCC process, and the Community Services Initiative (CSI). It also includes a resource directory. This system was developed on time, implemented on July 1, 2003, and within budget (\$1 million). Currently there are over 400 SCYFIS users, mostly IFPS and CSI service providers who, on a daily basis, are documenting their casework. Other users include GOCYF and LMB staff, and LCC and SCC staff. SCYFIS will be the source of evaluation data for IFPS, LCC/SCC youth placed in- and out-of-state, and served in CSI, starting with FY 2004.

In October 2003, the Board of Public Works approved additional development of SCYFIS to make improvements in the original system. It also approved the addition of a new module called PHTSY (Psychiatric Hospitalization Tracking System for Youth), which will provide the State a comprehensive capacity to track and assist with the discharge planning for children admitted to the hospitals named in the Lisa L. consent decree.

With the success of each new SCYFIS module, additional development will be undertaken, pending available funding. Future developments of SCYFIS will include: a module for the Healthy Families Maryland home visiting program; a tracking system for addressing HB1386 (2002 session), in accordance with the Governor's plans to address families who are considering custody relinquishment; and establishing connections among the Subcabinet agency client databases in order to streamline services to children and their families.